PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001 095								950	74300				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE FEE		1 [RATE FEE		
FOR			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE 370.00		OR	BASIC FEE	740.00	
тот	AL CHARGEAE	BLE CLAIMS	min	nus 20= *			Ī	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS minus 3 = *								X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							j	+140=		1	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL		
								TOTAL OR TOTAL OTHER THA					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DW	Total	.48	Minus	**5		=		X\$ 9=		OR	X\$18=		
MEN	Independent	* 3	Minus	***	3	=		X42=		OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
								TOTAL		1	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE					
NT B		CLAIMS REMAINING AFTER AMENDMENT	4	HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	* 44	Minus	** 5	8	=	1	X\$ 9=		OR	X\$18=		
	Independent	* 3	Minus	***	3	=		X42=		OR	V04		1
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┛	+140=		1	+280=		1
								TOTAL		OR OR	TOTAL		1
								ADDIT. FEE	<u></u>	J OH	ADDIT. FEE		1
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	umn 2) HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	קרוטים היים ביים
IDME	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=		
MEN	Independent	*	Minus	***		=		X42=		OR	X84=	 	K
٨	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	NT CLAIN	1 🔲	↓			1			71
*	f the entry in colu	mn 1 is less than	the entry in colu	ımn 2. wr	ite "0" in c	olumn 3.		+140= TOTAL	<u> </u>	OR	+280= TOTAL		AH.
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
FORM PTO-875 (Rev. 8/01) Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE													

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE	DETERMINATION RECORD
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Application or Docket Number

		Effective	December	r 29, 1999			<u> </u>	09	\ <u></u>	574	302	
	CL	SMAI TYP		NTITY	OR	OTHER SMALL E						
FO	R	NUMBEF	R FILED	(Colum NUMBER E		RATI	E	FEE		RATE	FEE	
BASIC FEE								345.00	OR		690.00	
то	TAL CLAIMS	1410	minus 20	= 26		X\$ 9)=]		OR	X\$18=	468	
INDEPENDENT CLAIMS 3 = *						X39)=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							0=		OR	+260=		
+ If	the difference in c	olumn 1 is le	ess than zero	o, enter "0" in c	olumn 2	TOT			OR	TOTAL	1153	
CLAIMS AS AMENDED - PART II								ENTITY	.OR	OTHER THAN SMALL ENTITY		
NT A	A R	COlumn 1) CLAIMS REMAINING AFTER MENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total +	~~~	Minus	** 46	= 9	X\$ 9	9=		OR	X\$18=	162	
ME	Independent +	.) 1	Minus	*** 3	=	X39	9=		OR	X78=	$\dot{\lambda}$	
F	FIRST PRESENTA	ATION OF ML	JLIIPLE DEPI	ENDENT CLAIM		+130	0=	1	OR	+260=	fai	
	·					TC ADDIT.	OTAL . FEE		OR	TOTAL ADDIT. FEE		
	((Column 1)	-	(Column 2)	(Column 3)				, .			
NT B	r e	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total *	2 8	Minus	SS	= 3	X\$	9=	· ·	OR	X\$18=	5400	
_	independent +	3	Minus	*** 3	=	X39	9=		OR	X78=		
	FIRST PRESENTA	ATION OF MI	ULTIPLE DEP	'ENDENT CLAIN	VI	+13	10=		OR			
						L TO	QTAL		OR	TOTAL		
		(Column 1)		(Column 2)	(Column 3)	ADDIT.	. rtE		·	۱. ۳۵۱ الاص		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA*	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
AMENDMENT	Total *	5.3	Minus	5 P	= 0	X\$	9=		OR	X\$18=	0	
ME	Independent +	3	Minus	*** 3	= 0	X3:	9=		OR	X78=	0	
F	FIRST PRESENT	ALION OF M	IOLTIPLE DEF	-ENDENT CLAIL		+13	30=	17	OR	+260=	1	
	* If the entry in column ** If the "Highest Numb	1 is less than t	the entry in colu	mn 2, write "0" in c 3 SPACE is less th	column 3. nan 20, enter "20.		TOTAL		OR	TOTAL		
	THUR THY INCHEST INTIND	FIGUSIY F				~0011	===		_			

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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